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PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

61

Application Number	10/766,747
Filing Date	January 28, 2004
First Named Inventor	Shigeo Morimoto
Art Unit	1623
Examiner Name	Elli Peselev
Attorney Docket Number	A0407-001592A

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input checked="" type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Original specification incorporating certificate of correction Statement of Facts to Support Petition Petition Fee for \$130.00 Return Postcard
<input type="text"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Patterson, Belknap, Webb & Tyler LLP		
Signature			
Printed name	Stuart E. Pollack		
Date	September 14, 2005	Reg. No.	43,862

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

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ATTORNEY DKT NO.: A0407-001592A

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Serial Number:)
10/766,747)
)
Applicants: Shigeo Morimoto et al.) Group Art Unit:
) 1623
Filed: January 28, 2004)
) Confirmation No.:
In re Reissue Application) 3658
of U. S. Patent No. 6,342,590)
) Examiner:
For: Erythromycin A Derivatives and) Elli Peselev
Method for Preparing Same)

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

September 14, 2005

EXPRESS MAIL CERTIFICATE

Express Mail Label No.:EJ771306230US

Date of Deposit: September 14, 2005

Sir:

I hereby certify that the following attached papers:

1. Transmittal Form SB/21;
2. Amendment and Response to Final Rejection Under 37 C.F.R. § 1.116 (20 pages);
3. Reissue Specification in double-column format, including certificate of correction changes (7 pages of specification, incl. 1 pages of claims, 1 page of abstract);
4. Supplemental Reissue Declaration Under 37 C.F.R. §1.175, signed by five inventors, with a blank signature block for the sixth inventor (25 pages);
5. Fee Transmittal Form SB56 (1 page) (**2 copies**);
6. Check for additional independent claim in the amount of \$200.00 payable to "Director of the U.S. Patent and Trademark Office";
7. Petition Under 37 C.F.R. §1.47 (2 pages);
8. Statement of Facts to Support Petition Under 37 C.F.R. § 1.47 (2 pages);

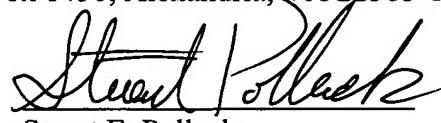
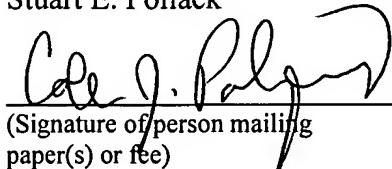
9. Check for Petition under 37 C.F.R. § 1.47 in the amount of \$130.00 payable to "Director of the U.S. Patent and Trademark Office"; and

10. Return Post Card.

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(Signature of person mailing
paper(s) or fee)

Customer No. 23723



PTO/SB/56 (08-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
A0407-001592A

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	(A)	(B)	****	=	x \$ ____ =	or	x \$ ____ =
Independent claims (37 CFR 1.16(i))	(C)	(D)	*	=	x \$ ____ =		x \$ ____ =
					Basic Fee (37 CFR 1.16(h))	\$ _____	\$ _____
					Total Filing Fee	\$ _____	OR \$ _____

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 18	MINUS	** 20	* = 0	x \$ ____ =		x \$ ____ =	0
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	***** 3	= 1	x \$ ____ =			x \$ 200 = 200
					Total Additional Fee	\$ _____	OR	\$ 200.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account Number _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or
credit any overpayment to Deposit Account Number 16-0633.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 200.00 to cover the filing/additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

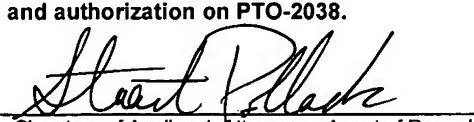
**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**

September 14, 2005

Date

43,862

Registration Number, if applicable


Signature of Applicant, Attorney or Agent of Record

Stuart E. Pollack

Typed or printed name

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